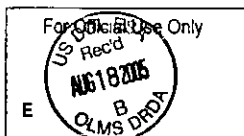


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9853</u>	2 Fiscal Year Covered From <u>01 / 01 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>BRIAN</u> <u>E</u> <u>CARROLL</u> P O Box, Bldg, Room No, if any _____ Street <u>31 MARBLEHEAD ST.</u> City <u>WARWICK</u> State <u>RI</u> ZIP Code + 4 <u>02889</u>	4 Name, file number, and address of labor organization Name <u>INT. BROTHERHOOD OF TEAMSTERS LOCAL 257</u> Labor Organization File Number <u>004-870 030541</u> P O Box, Building and Room Number, if any _____ Street <u>121 BRIGHT RIDGE AVE</u> City <u>E. PROVIDENCE</u> State <u>RI</u> ZIP Code + 4 <u>02914</u>
5 Position in labor organization <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____ _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Brian E Carroll</u>	On <u>8-15-05</u> Date	<u>401-921-0372</u> Telephone Number

Name of Person Filing <u>BRIAN E CARROLL</u>		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name <u>PROVIDENCE GROUP/MELOD BANK</u> Trade Name, if any P O Box Bldg , Room No , if any Street <u>200 TURKS HEAD PL. SUITE 900</u> City <u>PROV. 1</u> State <u>RI</u> ZIP Code + 4 <u>02903</u>	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name <u>TEAMSTERS LOCAL 251 HSIP</u> Trade Name, if any P O Box, Bldg , Room No , if any Street <u>1201 ELMWOOD AVE</u> City <u>PROV</u> State <u>RI</u> ZIP Code + 4 <u>02907</u>	11 a Nature of such dealing <u>INVESTMENT MANAGER</u> <hr/> 11 b Approximate dollar value of such dealing <u>71,499.52</u> 12 a Nature of interest held or income received <u>CIRQUE DU SOLEIL TICKET</u> <u>1/3 OF COST ON 12-1-04</u> <hr/> 12 b Amount <u>41.66</u>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>TEAMSTERS LOCAL 251 HSIP</u> Trade Name, if any P O Box, Bldg , Room No , if any Street <u>1201 ELMWOOD AVE</u> City <u>Providence</u> State <u>RI</u> ZIP Code + 4 <u>02907</u>	14 a Nature of payment <u>Reimbursement for Cash Expenses</u> <u>Incurred at out of town</u> <u>Meetings (Tips, Taxi)</u>	
13 b Is the Business an Employer <u>TRUST</u> or Consultant ?	14 b Amount of payment <u>\$48.80</u>	

Name of Person Filing BRIAN E CARROLL	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name DAVIS VISION</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 159 EXPRESS ST</p> <p>City PLAINVIEW</p> <p>State NY ZIP Code + 4 11803</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name TEAMSTER LOCAL 251 HSIP</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 1701 ELMWOOD AVE</p> <p>City PROV.</p> <p>State RI ZIP Code + 4 02907</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES VISION CARE FOR PARTICIPANTS OF LOCAL 251 HSIP</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>CIRQUE DU SOLIEL TICKET</p> <p>1/3 COST ON 12-1-04</p> <p>12 b Amount 41.66</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing BRIAN E CARROLL		File Number U-
--	--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name COIA & KAPORE LTD</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 226 S. MAIN ST</p> <p>City PROV.</p> <p>State RI ZIP Code + 4 02903</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name TEAMSTER LOCAL 851</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>PROVIDE'S LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL 851 HSIP</p>
	<p>11 b Approximate dollar value of such dealing 263,712.80</p>
	<p>12 a Nature of interest held or income received</p> <p>CHRISTMAS GIFT - CASE OF WINE</p> <p>12-04</p>
	<p>12 b Amount 100.00</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing BRIAN E CARROLL	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name COIA & KEPORE LTD Trade Name, if any P O Box, Bldg, Room No, if any Street 226 S. MAIN ST City PROV. State RI ZIP Code + 4 02903	9 Business deals with <div style="margin-left: 20px;"> <input type="checkbox"/> Labor Organization <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name TEAMSTER LOCAL 251 Trade Name if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	11 a Nature of such dealing PROVIDE'S LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL 251 HSIP <hr/> 11 b Approximate dollar value of such dealing 263,712.80 12 a Nature of interest held or income received DINNER - ANNUAL HEALTH & WELFARE MEETING <div style="text-align: right; font-size: 1.2em;">12-04</div>
12 b Amount \$147.00	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing BRIAN E CARROLL	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name UNITED HEALTH CARE</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 475 KILBERT ST</p> <p>City WARWICK</p> <p>State RI ZIP Code + 4 02886</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name TEAMSTERS LOCAL 251 HSIA</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 1201 EIMWOOD AVE</p> <p>City PROV</p> <p>State RI ZIP Code + 4 02907</p>	<p>11 a Nature of such dealing</p> <p>HEALTH CARE PROVIDER SEAKING TRUST AND REPRESENTED EMPLOYER BUSINESS</p> <p>11 b Approximate dollar value of such dealing 0</p> <p>12 a Nature of interest held or income received</p> <p>DINNER-ANNUAL HEALTH & WELFARE MEETING- WITH STAFF, TRUSTEES & GUESTS</p> <p>11-30-04</p> <p>12 b Amount 86.31</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>